

# LEARNING FROM THE PAST WHILE LOOKING TO THE FUTURE

Terence Ryan

Many milestones have been passed since the mid-1990s in the quest to improve the worldwide management of lymphoedema. For example, there have been huge advances in our understanding of the way genes determine lymphatic vessel behaviour. Karkkainen et al (2001) demonstrated how a specific gene helps the development of a mature lymphatic system in mice, and that this gene differs from those that promote blood vessel maturation. They also described how the gene also encouraged adipose tissue generation. People with lymphoedema are often obese, so this research has interesting implications for the treatment of the condition.

In the past decade, the epidemiology of lymphatic disease has revealed that the prevalence of lymphoedema is huge. It took action from the patients themselves — particularly those affected by mastectomy — to find out how many people had been affected by lymphoedema, but deprived of sound advice about the condition. Patient-led initiatives have lobbied both central government and local NHS management for better services, and have raised funds for the search for greater understanding of lymphatic conditions.

Worldwide, The Global Alliance for the Elimination of Lymphatic Filariasis (GAELF) has been backed by a strong partnership of the pharmaceutical industry, the World Health Organization and The Bill and

**Terence Ryan is Emeritus Professor of Dermatology, Green College, Oxford and Adviser on Morbidity Control to Global Alliance for the Elimination of Lymphatic Filariasis, Oxford**

Melinda Gates Foundation. It has created the means, plans and finance to eradicate one of the major causes of lymphoedema. The GAELF's published research agenda is a model for how to investigate tropical disease caused by infective organisms, and it has encouraged many leading scientists to read about lymphoedema for the first time.

Recognition that lymphoedema can be caused by conditions other than cancer and its treatment or filariasis (Moffatt et al, 2003) is another advance made in recent years. Healthcare professionals who assume that every case of lymphoedema they manage has been caused in these ways are wearing highly restrictive blinkers.

Christine Moffatt's studies have shown just how significant a problem an episode of cellulitis can be for people who have been affected by lymphoedema. Cellulitis is a condition that is seen throughout healthcare divisions and the fact that lymphoedema is a predisposing factor has been widely noted (Jones and Gruger, 2003; Macario-Barrell et al, 2004). All this illustrates how we have come so far in such a short space of time and hints at the way forward in our quest to gain control of this condition.

## Lessons from the past

However, on our journey, we must be sure not to forget the lessons of the past. Nor should we reinvent the wheel since so much that was done is still worth reading. The road to knowledge has been forged by The International Society of Lymphology (ISL) and its journal which reports on global research findings.

We can learn greatly from practice in countries such as Brazil and India, where lymphoedema has been neglected outside the urban private sector; and where patients needs are met with limited resources. Most of the people with lymphoedema treated in these countries are destitute. In a world largely governed by evidence-based medicine, these practitioners recognize that an absence of evidence is not proof of the absence of an effect. They simply do not have the resources to prove the effectiveness of traditional treatments.

## The future

Low technology at low cost, available locally in a sustainable form, should be one objective. The increasingly costly high technology of investigative systems and surgery cannot be found even in the leading hospital of some developing world nations but we should aim to make best practice available in tertiary care worldwide. Much of the best management of lymphoedema is simply self help (Vaqas and Ryan, 2003). Much of it focuses on natural physical forces rather than expensive chemical drugs so that even the force of gravity is given the attention it deserves. It costs nothing for example, to employ elevation to relieve the lymphatic load (Ryan, 2005). **JL**

## References

- Jones P, Gruger J (2003) *Europ Acad Derm Vener* 17 (Suppl 3): 305
- Kaikkainen TV, Saaristo A, Jussila L, et al (2004) *Proc Natl Acad Sci* 98(22): 12677–82
- Moffatt CJ, Franks PJ, Doherty D, et al (2003) *Q J Med* 96: 731–8
- Ryan TJ (2005) *J Altern Complement Med* 11: 7
- Vaqas B, Ryan TJ (2003) *Filaria J* 12: 1–20